

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09925620

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7		3				
8		3				
9		3				
10		3				
11		6				
12		6				
13		6				
14		6				
15		5				
16		5				
17		5				
18		5				
19		5				
20		5				
21		6				
22		6				
23		6				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32		6				
33		6				
34		6				
35		6				
36		6				
37		6				
38		6				
39		6				
40		6				
41		6				
42		6				
43		6				
44		6				
45		6				
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.	8					
TOTAL DEP.		244				
TOTAL CLAIMS		252				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		6				
52		6				
53		6				
54		6				
55		6				
56		6				
57		6				
58		5				
59	1					
60						
61						
62						
63						
64						
65						
66						
67						
68		5				
69		2				
70						
71						
72						
73						
74						
75						
76						
77						
78		6				
79		10				
80		10				
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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